

Georgetown Parks and Recreation

Sponsored by



Personal Details

First Name: _____ Last Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Referred by: _____

Contact Details

Home Phone Number: _____ Cell Phone Number: _____
Email Address: _____

Player Details

Is Player under 18 years of age? Yes No

If yes, Parent/Guardian Email Address: _____

Date of Birth: _____

Gender: Female Male

Girls: _____ Boys: _____ Positions: _____

School: _____ Years Experience: _____

Health Details

Allergies: No Yes Specify: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

Physician Name: _____ Physician Phone Number: _____

Health Conditions (previous injuries): _____

Lacrosse Details

US Lacrosse Member: Yes No

US Lacrosse Number: _____ US Lacrosse Expiration: _____

Waiver Release

My child is in good health and has my full permission to participate in a vigorous lacrosse program. My child has no previous sickness, illness, disease or bodily injury that is contradictory to participation. I fully understand that lacrosse is a contact sport and that physical injury may occur during the course of practice and games. In the event that I cannot be reached, I give my full permission for such medical procedures as may be deemed necessary by an examining physician. I also understand that Vertex Lacrosse, LLC. is not responsible for the loss of any personal items.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

I _____ understand that if my child needs to "borrow" Lacrosse equipment
(Parent's Name)
 from Vertex Lacrosse, LLC. during the Georgetown Parks and Recreation Day Camp, it needs to be returned in the original condition as it was issued. I understand that if the equipment is not returned at the end of the Day Camp, a fee of \$200 will be charged to me, and it must be paid in full. I also understand that Vertex Lacrosse, LLC. is not responsible for any injuries received while my child participates in this camp.

My child will need to borrow
 the following equipment:

Helmet	_____
Gloves	_____
Shoulder Pads	_____
Arm Pads	_____
Stick	_____

Player Signature: _____ Date: _____

- **ALL PLAYERS MUST HAVE MOUTHGUARDS TO PARTICIPATE** •
- **Order your 2010 Georgetown/Vertex Pinnie for an additional \$12** •
- Sm/Med _____ Lg/XLg _____

Make checks payable to: Georgetown Recreation

Registration can be mailed to:

Vertex Lacrosse, LLC. • 15 Lakeridge Drive • Georgetown, MA 01833

Any questions, contact: vertexlacrosse@gmail.com